



155050049

OR FISCAL YEAR BEGINNING _____ 2015, ENDING _____

Print Using Blue or Black Ink Only

Social Security Number _____ Spouse's Social Security Number _____

First Name _____ Initial _____

Last Name _____

Spouse's First Name _____ Initial _____

Spouse's Last Name _____

_____ Maryland County

Current Mailing Address (PO Box, number, street and apt. no) _____

_____ City, Town or Taxing Area

Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period, if you earned wages in Maryland (See Instruction 6).

City or Town _____ State _____ ZIP Code _____

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. Married filing joint return or spouse had no income 3. Married filing separately, Spouse's SSN 4. Head of household 5. Qualifying widow(er) with dependent child 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. If PA resident, enter both County and City, Borough or Township. Were you a resident of another state for the entire year of 2015? If no, attach explanation. Are you or your spouse a member of the military? Did you file a Maryland income tax return for 2014? If "Yes," was it a Resident or a Nonresident return? Dates you resided in Maryland for 2015. If none, enter "NONE": FROM TO (MMDDYYYY).

Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

- A. Yourself Spouse Enter number checked See Instruction 10 A. \$ B. 65 or over 65 or over Blind Blind Enter number checked X \$1,000 B. \$ C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$ D. Enter Total Exemptions (Add A, B and C.) Total Amount D. \$

Place CHECK or MONEY ORDER on top of your W-2 wage and tax statements and ATTACH HERE with ONE staple.



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Name _____ SSN _____

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

(1) FEDERAL INCOME (LOSS)

(2) MARYLAND INCOME (LOSS)

(3) NON-MARYLAND INCOME (LOSS)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 1-17.

ADDITIONS TO INCOME (See Instruction 12.)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 18-21.

SUBTRACTIONS FROM INCOME (See Instruction 13.)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 22-25.

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 26-27.

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 28-31.

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 32-33.



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Name _____ SSN _____

- 34. Other income tax credits for individuals from Part J, line 10 of Form 502CR (Attach Form 502CR.) 34. _____
35. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR
36. Total credits (Add lines 33 through 35.) 36. _____
37. Maryland tax after credits (Subtract line 36 from line 32c.) If less than 0, enter 0. 37. _____
38. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.) 38. _____
39. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) 39. _____
40. Contribution to Maryland Cancer Fund (See Instruction 21.) 40. _____
41. Contribution to Fair Campaign Financing Fund (See Instruction 21.) 41. _____
42. Total Maryland income tax and contributions (Add lines 37 through 41.) 42. _____
43. Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld.) 43. _____
44. 2015 estimated tax payments, amount applied from 2014 return, payments made with Form 502E and Form MW506NRS. 44. _____
45. Nonresident tax paid by pass-through entities (Attach Maryland Schedule K-1 (510)) 45. _____
46. Refundable income tax credits from Part L, line 6 of Form 502CR (Attach Form 502CR. See Instruction 22.) . . 46. _____
47. Total payments and credits (Add lines 43 through 46.) 47. _____
48. Balance due (If line 42 is more than line 47, subtract line 47 from line 42.) 48. _____
49. Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) 49. _____
50. Amount of overpayment TO BE APPLIED TO 2016 ESTIMATED TAX. 50. _____
51. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 50 from line 49.) See line 54 . . REFUND 51. _____
52. Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 23.) Total 52. _____
53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. 53. _____

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box [] and see Instruction 23.

54. For the direct deposit option, complete the following information, clearly and legibly: 54a. Type of account: [] Checking [] Savings

54b. Routing number (9-digit) [] 54c. Account number []

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instructions). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Signature of preparer other than taxpayer _____

Spouse's signature _____ Date _____ Street address of preparer _____

Daytime telephone no. _____ City, State, ZIP _____

Home telephone no. _____ Telephone number of preparer _____ Preparer's PTIN (Required by law) _____

Make checks payable to and mail to: Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, Maryland 21411-0001

It is recommended that you include your Social Security Number on check using blue or black ink.

CODE NUMBERS (3 digits per line)